

PART B - FEE(S) TRANSMITTAL



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32692 7590 01/04/2005

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Susan M. Dacko (Depositor's name)
Susan M. Dacko (Signature)
February 16, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/989,965	11/21/2001	Philip G. Martin	56732US002	1669

TITLE OF INVENTION: FILTERING FACE MASK THAT USES AN EXHALATION VALVE THAT HAS A MULTI-LAYERED FLEXIBLE FLAP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	04/04/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MITCHELL, TEENA KAY	3743	128-206210

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
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 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Karl G. Hanson

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(B) RESIDENCE: (CITY and STATE OR COUNTRY)

3M Innovative Properties Company

St. Paul, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 3

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature: *Karl G. Hanson*

Date: 2-16-05

Typed or printed name: *Karl G. Hanson*

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**FACSIMILE
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		Application Number	09/989985
		Filing Date	November 21, 2001
		First Named Inventor	Martin, Philip G.
		Art Unit	3743
		Examiner Name	Teena Kay Mitchell
Fax: 703-746-4000	Attorney Docket Number	56732US002	
Total Number of Pages In This Submission: 3			
Date: February 16, 2005	Attorney for Applicant: Karl G. Hanson		

ENCLOSURES

(check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final		
<input type="checkbox"/> Affidavits/Declaration(s)		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information
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